

## City of Cambridge POLICE REVIEW AND ADVISORY BOARD

## 51 Inman Street Cambridge, MA 02139

Te1 (617) 349-6155 Fax (617) 349-6148 TDD/TTY 349-6112 E-mail: jjohnson@cambridgema.gov Case No\_\_\_\_\_Staff\_\_Open Date\_\_\_\_Close Date\_\_\_\_

COMPLAINT FORM
(PLEASE PRINT)

COMPLAINT (Your Nam	e)		RESPONDENT (Officer(s)involved
Name			1. Officer/Rank/Badge#
Street			
City/State/Zip			2. Officer/Rank/Badge#
Telephone			3. Officer/Rank/Badge#
Fax			<del></del>
Email			INJURY
			Yes No
NCIDENT			Were you Injured?
			Describe your Injury
Location			
Time & Date			Did you receive medical attention?
			By whom?
	Yes	No	Where?
Was force used?			WITNESSES
Was abusive language used?			
Were racial references made	?		Nama
SEARCH			NameStreet
You?			City/State/Zip
Vehicle?			Telephone
House?			Name
Person?			StreetCity/State/Zip
Other? (If yes, explain)			Telephone

PRAB DOC REVISED 9/04

relevant names, dates, place resolve this matter and the re	orm below after describing your complaint in detail. Include s, etc.; indicate particularly what action you have taken to esponse. Be sure to attach any documents to support the facts
set forth in this complaint.	Check this box if your statement is attached
Under penalty of perjury I so the best of my knowledge.	tate and affirm that the above/attached is true and accurate to
SIGNED:	DATE:
THE DOLLAR DELIVERY	AD ADMIGORAL DO ADD 10 A DUDI 10 A CENTON AC

THE POLICE REVIEW AND ADVISORY BOARD IS A PUBLIC AGENCY AS SUCH ITS RECORDS AND FILES MAY BE PUBLIC INFORMATION.